

# ***2006-2007 Kansas Organic Certification Cost Share Program Application***

Contact Name \_\_\_\_\_

Business/Farm Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Certification/Recertification  
(between October 1, 2006 and September 30, 2007.) \_\_\_\_\_

Name of Certifying Agent \_\_\_\_\_

Total Amount Paid for Certification \_\_\_\_\_

\*\*\*\*\*

***Please enclose the following documents. This application form cannot be processed without these documents.***

- 1) Copy of certificate or continuation of certification document, with effective date.
- 2) Copy of invoice itemizing certification costs.

***Return this form with documents above to:***

***Organic Certification Cost Share  
Kansas Department of Agriculture  
109 SW 9<sup>th</sup> Street, 4<sup>th</sup> Floor  
Topeka, KS 66612-1280  
Phone: (785) 296-3556***

***Please Complete:***

Important Check Information
SS# or FEIN Number _____ (required)
Payable to: _____
Mailing Address: _____ _____
City, state & zip: _____
Date: _____
<b>KDA USE ONLY</b>
Approved by: _____
Amount: _____